# PATENT APPLICATION FEE DETERMINATION RECORD
### Effective October 1, 2000

**Application or Docket Number** 09/513015

## CLAIMS AS FILED - PART I

| FOR | (Column 1) NUMBER FILED | (Column 2) NUMBER EXTRA | SMALL ENTITY TYPE ☐ RATE | FEE | OR OTHER THAN SMALL ENTITY RATE | FEE |
|---|---|---|---|---|---|---|
| BASIC FEE | ▓▓▓ | ▓▓▓ | $385 | | | 770 |
| TOTAL CLAIMS | 20 | minus 20= * | X$9= | | OR X$18= | |
| INDEPENDENT CLAIMS | 3 | minus 3 = * | X43 | | OR X86= | |
| MULTIPLE DEPENDENT CLAIM PRESENT | | | +145 | | OR 290= | |
| | | | TOTAL | | OR TOTAL 770 | |

* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

### AMENDMENT A

| (Column 1) CLAIMS REMAINING AFTER AMENDMENT | (Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR | (Column 3) PRESENT EXTRA | SMALL ENTITY RATE | ADDITIONAL FEE | OR OTHER THAN SMALL ENTITY RATE | ADDITIONAL FEE |
|---|---|---|---|---|---|---|
| Total 20 | Minus ** 20 | = | X$9= | | OR X$18= | |
| Independent 1 | Minus *** 3 | = | X43= | | OR X86= | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | +145= | | OR 290 | |
| | | | TOTAL ADDIT. FEE | | OR TOTAL ADDIT. FEE | |

### AMENDMENT B

| (Column 1) CLAIMS REMAINING AFTER AMENDMENT | (Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR | (Column 3) PRESENT EXTRA | SMALL ENTITY RATE | ADDITIONAL FEE | OR OTHER THAN SMALL ENTITY RATE | ADDITIONAL FEE |
|---|---|---|---|---|---|---|
| Total 19 | Minus ** 20 | = | X$9= | | OR X$18= | |
| Independent 1 | Minus *** 3 | = | X43 | | OR X86 | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | +145= | | OR 290= | |
| | | | TOTAL ADDIT. FEE | | OR TOTAL ADDIT. FEE | |

12/13/04

### AMENDMENT C

| (Column 1) CLAIMS REMAINING AFTER AMENDMENT | (Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR | (Column 3) PRESENT EXTRA | SMALL ENTITY RATE | ADDITIONAL FEE | OR OTHER THAN SMALL ENTITY RATE | ADDITIONAL FEE |
|---|---|---|---|---|---|---|
| Total 19 | Minus ** | = | X$9= | | OR X$18= | |
| Independent 2 | Minus *** 3 | = | X43 | | OR 86 | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | +145 | | OR +290 | |
| | | | TOTAL ADDIT. FEE | | OR TOTAL ADDIT. FEE | |

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

FORM PTO-875

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